

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NG460001174

1. Corporation Name

Miami Design Alliance, Inc.

Principal Place of Business

Mailing Address

300 B Alhambra Street
Coral Gables, FL 33149
*****8.75 *****8.75

500001547955
-07/27/95--01069--018
*****155.00 *****155.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 605 Glenridge Road		26 605 Glenridge Road		12/11/91		3/15/94	
State, Apt. #, etc.		State, Apt. #, etc.		4. FCI Number		Applicable Fee	
22 City & State		27 City & State		65 0300632		Not Applicable	
23 Key Biscayne, FL		28 Key Biscayne, FL		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
24 33149		25 USA		29 33149		30 USA	
Country		Country		8. This corporation has liability for intangible tax under S. 199.032		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

Michael F. Steffens
100 N. Biscayne Blvd., Suite 1400
Miami, Florida 33132

10. Name and Address of New Registered Agent

81 Name
Franklin H. Caplan
82 Street Address (P.O. Box Number is Not Acceptable)
100 N.E. 3rd Avenue, Suite 400
83
84 City
Ft. Lauderdale
85 Zip Code
FL 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign and file this report

NOTE: Registered Agent signature required when registering

DATE

7/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1. TITLE	Chairman ☐ Change ☒ Addition
NAME	Michael F. Steffens	1.2 NAME	Carol Updegrave
STREET ADDRESS	100 N. Biscayne Blvd., Suite 1400	1.3 STREET ADDRESS	605 Glenridge Road
CITY, ST, ZIP	Miami, Florida 33132	1.4 CITY, ST, ZIP	Key Biscayne, FL 33149
TITLE	Director	2.1 TITLE	Director ☐ Change ☒ Addition
NAME	Jean-Francois LeJeune	2.2 NAME	Franklin H. Caplan
STREET ADDRESS	1200 W. Ave., Suite 805	2.3 STREET ADDRESS	101 Crandon Boulevard, #266
CITY, ST, ZIP	Miami Beach, FL 33139	2.4 CITY, ST, ZIP	Key Biscayne, FL 33149
TITLE	Director	3.1 TITLE	Director ☐ Change ☒ Addition
NAME	Jose Murguido	3.2 NAME	Gina Coleman
STREET ADDRESS	81 Santiago Street	3.3 STREET ADDRESS	101 Crandon Boulevard, #266
CITY, ST, ZIP	Coral Gables, Florida 33134	3.4 CITY, ST, ZIP	Key Biscayne, Florida 33149
TITLE	Director	4.1 TITLE	Director ☐ Change ☒ Addition
NAME	Eduardo Castineira	4.2 NAME	Mike Kerwin
STREET ADDRESS	9400 S. Dadeland Blvd., Suite 620	4.3 STREET ADDRESS	2 Grove Isle Drive, #1207
CITY, ST, ZIP	Miami, FL 33156	4.4 CITY, ST, ZIP	Miami, FL
TITLE	Director	5.1 TITLE	Vice Chairman/Secretary ☒ Change ☐ Addition
NAME	Raul Lastra	5.2 NAME	Annabel Delgado
STREET ADDRESS	4800 N.W. 5 Street	5.3 STREET ADDRESS	1079 N.E. 90 Street
CITY, ST, ZIP	Miami, Florida 33138	5.4 CITY, ST, ZIP	Miami, FL 33138
TITLE	Director	6.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	Annabel Delgado	6.2 NAME	Michael F. Steffens
STREET ADDRESS	1079 N.E. 90 Street	6.3 STREET ADDRESS	100 N. Biscayne Blvd., Suite 1400
CITY, ST, ZIP	Miami, Florida 33138	6.4 CITY, ST, ZIP	Miami, FL 33132

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/95 (305) 225-9900